

# CITY OF PARMA



## DEPARTMENT OF PUBLIC SAFETY

GREGORY BAEPLER, DIRECTOR

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### INSTRUCTIONS FOR THE APPLICATION FOR CONCESSIONS, CARNIVALS, AND FAIRS

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- (1) OWNER AND EACH EMPLOYEE MUST THOROUGHLY READ PARMA CODIFIED ORDINANCE CHAPTER 718: “CONCESSIONS, CARNIVALS, AND FAIRS.”
- (2) OWNER MUST OBTAIN THE LICENSE APPLICATION FROM THE SAFETY DEPARTMENT WEBSITE.
- (3) OWNER MUST ACCURATELY FILL OUT THE LICENSE APPLICATION.
- (4) OWNER MUST HAVE EACH EMPLOYEE WHO WILL BE EMPLOYED AT THE CONCESSION, CARNIVAL, OR FAIR SIGN AN “EMPLOYEE WAIVER” FORM.
- (5) OWNER MUST ANNUALLY SUBMIT THE COMPLETED LICENSE APPLICATION TO THE DEPARTMENT OF PUBLIC SAFETY, WHICH MUST INCLUDE:
  - \$100.00 LICENSE FEE;
  - AN ADDITIONAL \$10.00 PER EMPLOYEE NAMED ON THE APPLICATION; AND
  - EACH NAMED EMPLOYEE’S SIGNED “EMPLOYEE WAIVER” FORM.
- (6) AS SOON AS THE APPLICATION IS SUBMITTED AND APPROVED, EACH EMPLOYEE MUST CALL THE PARMA POLICE DEPARTMENT TO SET UP AN APPOINTMENT TO OBTAIN A PHOTO IDENTIFICATION BADGE.
  - *NOTE:* THE PHOTO IDENTIFICATION BADGE MUST BE OBTAINED BEFORE THE COMMENCEMENT OF THE CONCESSION, CARNIVAL, OR FAIR.
- (7) AT THE TIME OF APPOINTMENT, EACH EMPLOYEE MUST SIGN IN AND PRESENT A DRIVER’S LICENSE OR STATE IDENTIFICATION CARD IN ORDER TO OBTAIN THE PHOTO IDENTIFICATION BADGE FROM THE PARMA POLICE DEPARTMENT.

# CITY OF PARMA



## DEPARTMENT OF PUBLIC SAFETY

GREGORY BAEPLER, DIRECTOR

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### APPLICATION FOR CONCESSIONS, CARNIVALS, AND FAIRS

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#### **SECTION I: APPLICANT'S INFORMATION**

NAME	_____	DATE OF BIRTH	_____		
	(FIRST, MIDDLE, LAST)				
CURRENT ADDRESS	_____	SOCIAL SECURITY NUMBER	_____		
	(NUMBER & STREET)				
	_____	DRIVER'S LICENSE / STATE I.D. No.	_____		
	(CITY, STATE, ZIP CODE)				
		TELEPHONE NUMBER	_____		
PERSONAL DESCRIPTION	_____	_____	_____	_____	_____
	(COLOR OF EYES)	(COLOR OF HAIR)	(SEX)	(WEIGHT)	(HEIGHT)

#### **SECTION II: APPLICANT'S HISTORY**

##### **RESIDENCE ADDRESSES & TELEPHONE NUMBERS FOR THE PAST THREE (3) YEARS**

*(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)*

ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		
	_____		
	(CITY, STATE, ZIP CODE)		
ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		
	_____		
	(CITY, STATE, ZIP CODE)		
ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		
	_____		
	(CITY, STATE, ZIP CODE)		
ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		
	_____		
	(CITY, STATE, ZIP CODE)		

**BUSINESS LICENSE HISTORY**

*(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)*

HAVE YOU EVER BEEN ISSUED A CONCESSION, CARNIVAL, OR FAIR LICENSE IN THIS OR ANY OTHER STATE?

MARK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE THE CITY, STATE, & COUNTY

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

IF YES, STATE THE DATE

\_\_\_\_\_

IF YES, STATE THE LICENSE OR PERMIT NUMBER

\_\_\_\_\_

IF YES, EXPLAIN IF IT WAS SUSPENDED OR REVOKED

\_\_\_\_\_

HAVE YOU EVER BEEN DENIED A CONCESSION, CARNIVAL, OR FAIR LICENSE IN THIS OR ANY OTHER STATE?

MARK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE THE CITY & STATE

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

IF YES, STATE THE DATE & REASON

\_\_\_\_\_  
(DATE & REASON)

**CRIMINAL HISTORY**

*(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)*

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY?

MARK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE THE DATE OF EACH

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

IF YES, STATE THE CITY & STATE OF EACH

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

IF YES, EXPLAIN THE DETAILS OF EACH

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A MISDEMEANOR?

MARK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE THE DATE OF EACH

(1) \_\_\_\_\_

IF YES, STATE THE CITY & STATE OF EACH

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

IF YES, EXPLAIN THE DETAILS OF EACH

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

### **SECTION III: BUSINESS INFORMATION**

NAME OF ORGANIZATION REPRESENTED \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(NUMBER & STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

PLEASE PROVIDE A DESCRIPTION OF THE PROPOSED CONCESSION, CARNIVAL, OR FAIR:

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### **EMPLOYEE INFORMATION**

*(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)*

EMPLOYEE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(FIRST, MIDDLE, LAST)

ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(NUMBER & STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE) DRIVER'S LICENSE / STATE I.D. No. \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER &amp; STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>( ) - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER &amp; STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>( ) - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER &amp; STREET)</div></div>		
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	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>( ) - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
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EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
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EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
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	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>( ) - </div>

EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
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EMPLOYEE

(FIRST, MIDDLE, LAST)

DATE OF BIRTH

ADDRESS

(NUMBER & STREET)

SOCIAL SECURITY NUMBER

(CITY, STATE, ZIP CODE)

DRIVER'S LICENSE / STATE I.D. No.

TELEPHONE NUMBER

( ) -

EMPLOYEE

(FIRST, MIDDLE, LAST)

DATE OF BIRTH

ADDRESS

(NUMBER & STREET)

SOCIAL SECURITY NUMBER

(CITY, STATE, ZIP CODE)

DRIVER'S LICENSE / STATE I.D. No.

TELEPHONE NUMBER

( ) -

SECTION IV: AUTHORIZATION

I, \_\_\_\_\_, HEREBY AUTHORIZE THE CITY OF PARMA, ITS AGENTS, AND EMPLOYEES TO MAKE ANY LAWFUL EXAMINATION OF MY CRIMINAL RECORD, AND I RELEASE ANY POLICE OR LAW ENFORCEMENT AGENCY, AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY IN PROVIDING SUCH INFORMATION.

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT ANSWERS TO THE FOREGOING QUESTIONS AND OTHER STATEMENTS HEREIN ARE TRUE AND CORRECT AND I ALSO ACKNOWLEDGE THAT ANY UNTRUE INFORMATION HEREIN PROVIDED MAY RESULT IN DENIAL OR REVOCATION OF SUCH LICENSE.

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED BY PROOF THAT THE APPLICANT IS AT LEAST EIGHTEEN (18) YEARS OF AGE, AND A COPY OF A FORM OF IDENTIFICATION OF THE APPLICANT.**

FOR OFFICE USE ONLY			
AUTHORIZATION SIGNATURE		\$100 LICENSE FEE	
PROOF OF AGE		\$10 PER EMPLOYEE	
COPY OF IDENTIFICATION		EMPLOYEE WAIVERS	



**SECTION V: EMPLOYEE WAIVER**

NOTES:    - OWNER MUST HAVE EACH EMPLOYEE WHO WILL BE EMPLOYED AT THE CONCESSION, CARNIVAL OR FAIR SIGN AN EMPLOYEE WAIVER FORM.

              - MAKE ADDITIONAL COPIES FOR EACH EMPLOYEE WHO WILL BE EMPLOYED AT THE CONCESSION, CARNIVAL, OR FAIR.

I, \_\_\_\_\_, HEREBY AUTHORIZE THE CITY OF PARMA, ITS AGENTS, AND EMPLOYEES TO MAKE ANY LAWFUL  
(**PRINT** FIRST, MIDDLE INITIAL, & LAST NAME)  
EXAMINATION OF MY CRIMINAL RECORD, AND I RELEASE ANY POLICE OR LAW ENFORCEMENT AGENCY, AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY IN  
PROVIDING SUCH INFORMATION.

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
(APPLICANT’S SIGNATURE)